

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5372HHA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2008
NAME OF PROVIDER OR SUPPLIER U R FIRST		STREET ADDRESS, CITY, STATE, ZIP CODE 8760 S MARYLAND PKWY #112 LAS VEGAS, NV 89123		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 00	INITIAL COMMENTS This Statement of Deficiencies was generated as the result of an initial state licensure survey conducted at your agency on November 5, 2008. The survey was conducted in accordance with Chapter 449, Home Health Agencies, adopted by the State Board of Health November 28, 1973, last amended November 17, 2005. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions, or other claims for relief that may be available to any party under applicable federal, state or local laws. The following regulatory deficiencies were noted:	H 00		
H112	449.0118 Denial, Suspension or Revocation In addition to the grounds set forth in NRS 449.160 and any other grounds specifically applicable to a particular license, the health division may deny an application for a license or may suspend or revoke a license upon any of the following grounds: 1. The failure or refusal of an applicant or licensee to comply with any of the provisions of chapter 449 of NRS or the regulations adopted by the state board of health. This Regulation is not met as evidenced by: Based on record review, the agency failed to ensure 10 of 11 employees signed statements stating whether they were convicted of any crime listed in NRS 449.188. Findings include:	H112		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H112	Continued From page 1 The files for Employees #2, #3, #4, #5, #6, #7, #8, #9, #10, and #11 failed to contain signed criminal affidavits indicating whether employees were convicted of any crime listed in NRS 449.188.	H112			
H153	449.782 Personnel Policies A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 7. The annual testing of all employees who have contact with patients for tuberculosis pursuant to NAC 441A.375; and This Regulation is not met as evidenced by: Sec. 10. NAC 441A.375 is hereby amended to read as follows: 441A.375 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the	H153			

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H153	Continued From page 2 guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis. 5. A person who demonstrates a positive tuberculosis screening test administered	H153			

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H153	<p>Continued From page 3</p> <p>pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>Based on record review, the agency failed to ensure compliance with chapter 441A of the Nevada Administrative Code for 3 of 11 employees (#1, #7, and #8).</p> <p>Findings include:</p> <p>The agency hired Employee #1 on 09/10/08. The file lacked documented evidence of any Tuberculin screening tests.</p> <p>The agency hired Employee #7 on 09/26/08. The file contained a one-step result dated 03/10/08. The file lacked a two-step result.</p> <p>The agency hired Employee #8 on 10/16/08. The file contained a one-step result dated 03/05/08. The file lacked a two-step result.</p>	H153		

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H154	Continued From page 4	H154			
H154	<p>449.782 Personnel Policies</p> <p>A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for:</p> <p>8. A health record to be on file with hte agency which must comply with the "CDC Guideline for Isolation Precautions in Hospitals," February 1, 1996, edition, which the state board of healthy hereby adopts by reference. A copy of the publication may be obtained from the National Technical Information Service of the Centers for Disease Control and Prevention Research Department, 5285 Port Royal Road, Springfield, Virginia 22161, for the price of \$23.50.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the agency failed to ensure files contained pre-employment physicals for 1 of 11 employees.</p> <p>Findings include:</p> <p>Record review</p> <p>The agency hired Employee #1 on 09/10/08. The file lacked a pre-employment physical.</p> <p>Interview</p> <p>On 11/05/08 in the morning, Employee #1 indicated a physical was unnecessary because he would have no patient contact.</p>	H154			

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